



**General Law Committee  
Connecticut General Assembly**

**Raised Bill No. 5333 An Act Concerning The Return of Outdated Drugs From Pharmacies  
to Wholesalers, Manufacturers and Distributors.**

**March 11, 2014**

Senator Doyle, Representative Baram, Members of the General Law Committee:

I would like to thank you for bringing this important matter to this forum. I am here to testify in support of Raised Bill 5333, with some changes. My name is David Benoit. I am a pharmacist and for the last twenty years, I have worked in the business of community pharmacy at Northeast Pharmacy Service Corporation. Currently, there are approximately 270 Participating Pharmacies.

Most manufacturers of pharmaceutical products accept returns of their unused medication within six months of the expiration date. This policy helps to make certain that the manufacturer's product is widely available and that patients have broad access. Should the possibility that there will be leftover medication that cannot be returned be a barrier that pharmacists must face before ordering the medication? Should the expense of expired medications be absorbed by the pharmacy when most medications can be returned for credit? The simple answer to these questions is No.

Should the manufacturer accept their product for return? There are at least three reasons why that should be the case. First, it would ensure broad access to all medications by the public. Stocking infrequently prescribed medication would be less a question of financial risk. Second, the manufacturer has policies and procedures in place to handle and dispose of the product and its ingredients. Third, pharmacy is an extremely competitive business. Adding the cost of unusable medication to the pharmacy, forces higher prices on payers of all types.

Ultimately, I suggest that all expired medications be returned to the original manufacturer for credit and disposal. At one time, only a few years ago Abbott Laboratories discontinued its program of accepting expired products. They claim that the cost of these expired medications is only about 1%. So, implementing the return policy would not be dearly expensive, at least not if you use their number. Further, manufacturers could cut down on expired medications by more extensively taking advantage of unit-of-use packaging. It seems to work well in other countries.

I believe the bill should clearly direct drug manufacturers to accept and provide credit expired products. How a pharmacy accomplishes the return of the drug to the manufacturer does not need to be specified.

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